

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24634  
STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3360

|   |                                  |   |                                    |  |   |   |  |
|---|----------------------------------|---|------------------------------------|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                                  |   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Kansas City, Missouri</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                    | c. CITY<br>OR<br>TOWN <u>Raytown 33,</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>Menorah Medical Center</u>   |                                  |   |                                    | Length of stay in lb<br><u>2 days</u>  |   | d. STREET ADDRESS <u>8810 E. 71st St. Terr.</u> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Roscoe</u> Middle <u>M.</u> Last <u>Hutchinson</u>  |                                  |   |                                    | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>18</u> Year <u>1957</u>   |   |   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3-18-93</u> | 9. AGE (In years last birthday)<br><u>64 yrs.</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min. |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Distalancer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Automotive - Break</u>  |                                    | 11. BIRTHPLACE (City and state or country)<br><u>Aurora, Mo.</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13. FATHER'S NAME<br><u>Josiah H. Hutchinson</u>  |                                  |   |                                    | 14. MOTHER'S MAIDEN NAME<br><u>Ella Margaret Nularis</u>   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service)<br><u>H. H. #1</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>491-32-375</u>  |                                    | 17. INFORMANT<br><u>Margaret Hutchinson</u> Address <u>Raytown, Mo.</u>  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction, acute</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Obstruction of L.A.D. + Rt coronary</u><br>DUE TO (c) <u>Generalized atherosclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>diabetes mellitus</u> |                                  |   |                                    |  |   |   |  |
| 19. INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hours</u>   |                                  |   |                                    | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |                                    |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.<br>Month, Day, Year   |                                  |   |                                    |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |                                    | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY STATE  |  |
| 21. I attended the deceased from <u>1951</u> to <u>18 July 57</u> and last saw <u>her</u> alive on <u>18 July 57</u><br>Death occurred at <u>3:15 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |                                    |  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Stanley L. Goldman MD</u>  |                                  |   |                                    | 22b. ADDRESS<br><u>935 Bryant Bldg - Kansas City, Mo.</u>  |   | 22c. DATE SIGNED<br><u>7/18/57</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial - July 20, 1957</u>  |                                  | 23b. NAME OF CEMETERY OR CREMATORY<br><u>Maple Park Cem</u>   |                                    | 23c. LOCATION (City, town, or county)<br><u>Aurora, Mo.</u>  |   | (State)   |  |
| 24. FUNERAL DIRECTOR<br><u>Ben to farrow &amp; sons</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>7-18-57</u>  |                                    | 26. REGISTRAR'S SIGNATURE<br><u>Neva Minshall</u>  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

AUG 12 1957

AUG 21 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold E. Handley

Licensed Embalmer No. 46

P. O. Address Indy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If this body is not embalmed, fact should be so stated above.